

## **Application Data Sheet**

### **APPLICATION INFORMATION**

Application Number::

Filing Date:: August 6, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?: No

Number of Copies of CRF::

Title:: TRICALCIUM PHOSPHATES, THEIR COMPOSITES,  
IMPLANTS INCORPORATING THEM, AND  
METHODS FOR THEIR PRODUCTION

Attorney Docket Number:: 220318

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: Yes

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Edward  
Middle Name:: S.  
Family Name:: Ahn  
Name Suffix::  
City of Residence:: Cambridge  
State or Prov. of Residence:: Massachusetts  
Country of Residence:: US  
Street of mailing address:: 10 Roger Street Apt. # 901

City of mailing address:: Cambridge  
State or Province of mailing address:: Massachusetts  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02142

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

#### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460

Representative Designation::      Registration Number::      Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application::                      Continuity Type::                      Parent Application::                      Parent Filing Date::

## **FOREIGN APPLICATION INFORMATION**

Country::                      Application Number::                      Filing Date::                      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name::                      Angstrom Medica  
Street of mailing address::                      150 California Street  
  
City of mailing address::                      Newton  
State or Province of  
mailing address::                      Massachusetts  
Country of mailing  
address::                      US  
Postal or Zip Code of  
mailing address::                      02458